

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF PENNSYLVANIA

In re Eugene Uritsky
Debtor

Case No. 20-13659-AMC

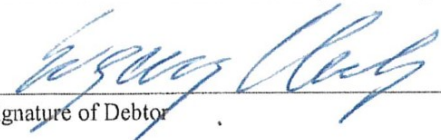
AMENDED INITIAL MONTHLY OPERATING REPORT

File report and attachments with Court and submit copy to United States Trustee within 15 days after order for relief

Substitute FORM IR-1 (RE) for IR-1 if case is a Single Asset Real Estate Case.
Certificates of insurance must name United States Trustee as a party to be notified in the event of policy cancellation.
Bank accounts and checks must bear the name of the debtor, the case number, and the designation "Debtor in Possession."
Examples of acceptable evidence of Debtor in Possession Bank accounts include voided checks, copy of bank deposit agreement/certificate of authority, signature card, and/or corporate checking resolution.

REQUIRED DOCUMENTS	Document Attached	Explanation Attached
12-Month Cash Flow Projection (Form IR-1)	N/A	
Certificates of Insurance:		
Workers Compensation	N/A	
Property	X	
General Liability	N/A	
Vehicle	X	
Other:		
Evidence of Debtor in Possession Bank Accounts		
Tax Escrow Account	N/A	
General Operating Account	N/A	
Other: Evidence of Debtor in Possession Bank Account	X	
Other:		

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the attached documents are true and correct to the best of my knowledge and belief.


Signature of Debtor

02/03/2021
Date

Signature of Joint Debtor

Date

Signature of Authorized Individual*

Date

Printed Name of Authorized Individual

Title of Authorized Individual

*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

In re: EUGENE URITSKY
Debtor

AMENDED

Case No. 20-13659-AMC
Reporting Period 10-SEPT - 30-SEPT

INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS

(This Form must be submitted for each Bank Account maintained by the Debtor)

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. Attach the bank statements and a detailed list of all disbursements made during the report period that includes the date, the check number, the payee, the transaction description, and the amount. A bank reconciliation must be attached for each account. [See MOR-1 (INDV) (CONT)]

	Current Month Actual	Cumulative Filing to Date Actual
Cash - Beginning of Month	\$1,514.65	
RECEIPTS		
Wages (Net)	0	
Interest and Dividend Income	0	
Alimony and Child Support	0	
Social Security and Pension Income	0	
Sale of Assets	0	
Other Income (attach schedule)	0	
Total Receipts	\$0.00	
DISBURSEMENTS		
ORDINARY ITEMS:		
Mortgage Payment(s)	0	
Rental Payment(s)	0	
Other Secured Note Payments	0	
Utilities	0	
Insurance	0	
Auto Expense	0	
Lease Payments	0	
IRA Contributions	0	
Repairs and Maintenance	0	
Medical Expenses	0	
Household Expenses	0	
Charitable Contributions	0	
Alimony and Child Support Payments	0	
Taxes - Real Estate	0	
Taxes - Personal Property	0	
Taxes - Other (attach schedule)	0	
Travel and Entertainment	0	
Gifts	0	
Other (attach schedule)	N/A	
Total Ordinary Disbursements	\$0.00	
REORGANIZATION ITEMS:		
Professional Fees	\$1,000	
U. S. Trustee Fees	\$0.00	
Other Reorganization Expenses (attach schedule)	N/A	
Total Reorganization Items	\$1,000.00	
Total Disbursements (Ordinary + Reorganization)	\$1,000.00	
Net Cash Flow (Total Receipts - Total Disbursements)		
Cash - End of Month (Must equal reconciled bank statement)	\$624.20	

FORM MOR-1(INDV)
(9/99)

PO Box 89000
 Atlanta GA 30356-9900

Exhibit Auto Insurance

DECLARATIONS PAGE

NAIC# 25178 PAGE 1 OF 2

NAMED INSURED
 AT2 38-6378-2 P A
 005163 0058
 URITSKY, EUGENE
 29 BEVERLY HILLS RD
 WARMINSTER PA 18974-1400

POLICY NUMBER [REDACTED]
 POLICY PERIOD JUL 31 2020 to OCT 21 2020
 12:01 A.M. Standard Time

STATE FARM PAYMENT PLAN NUMBER
 1292041313

AGENT
 NICK DEMAIO
 621 W MARKET ST
 PERKASIE, PA 18944-1420

PHONE: (215)258-0900

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
 IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSED.

YOUR CAR

VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID NUMBER	CLASS
1	2009	TOYOTA	COROLLA	4DR	2T1BU40E99C115537	603060H000
2	2007	MERCEDES	S600	4DR	WDDNG76X47A088883	603060H000

SYMBOLS	COVERAGE & LIMITS	PREMIUMS	
		2009 TOYOTA	2007 MERCEDES
A	Liability Coverage	\$98.16	\$56.28
	Bodily Injury Limits		
	Each Person, Each Accident		
	\$100,000 \$300,000		
	Property Damage Limit		
	Each Accident		
	\$100,000		
C2	Medical Payments Coverage	\$12.81	\$6.37
	Limit, Each Person		
	\$5,000		
H	Emergency Road Service Coverage	\$1.29	\$1.29
U3	Uninsured Motor Vehicle Coverage	\$1.46	\$1.46
	Bodily Injury Limits		
	Each Person, Each Accident		
	\$100,000 \$300,000		
W3	Underinsured Motor Vehicle Coverage	\$10.97	\$10.97
	Bodily Injury Limits		
	Each Person, Each Accident		
	\$100,000 \$300,000		
Total Premium Per Vehicle		\$124.69	\$76.37

Total premium for JUL 31 2020 to OCT 21 2020

This total bill

IMPORTANT MESSAGES

Replaced policy number [REDACTED].

Your total renewal premium for APR 21 2020 to OCT 21 2020 is \$452.84.
 Vehicle 1 \$280.84, Vehicle 2 \$172.00.

State Farm works hard to offer you the best combination of price, service, and protection. The amount you pay for automobile insurance is determined by many factors such as the coverages you have, where you live, the kind of car you drive, how your car is used, who drives the car, and information from consumer reports.

You have the right to request, no more than once during a 12-month period, that your policy be re-rated using a current credit-based insurance score. The resulting impact due to the credit portion of the re-rated insurance score will not increase your premium; however, your overall premium may decrease, remain the same, or increase due to other factors impacting your total premium.

CONTINUED

See Reverse Side



Bank

America's Most Convenient Bank®

EUGENE URITSKY
DIP CASE 20-13659 EDPA
29 BEVERLY HILLS DR
IVYLAND PA 18974

039 / Chapter 11 Checking

9580

Statement Beginning Balance	00.00
Plus Deposits and Other Credits	100.00
Less Checks and Other Debits	00.00
Statement Balance As Of 10/31/2020	100.00

Transactions By Date

Date	Description	Debit	Credit	Balance
10/01/2020	DEPOSIT		100.00	100.00



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E

STATEMENT OF ACCOUNT

EU GLASS INC
29 BEVERLY HILLS RD
WARMINSTER PA 18974-1400

Page: 1 of 4
Statement Period: Sep 01 2020-Sep 30 2020
Cust Ref #: 4339279930-717-E-***
Primary Account #: 4339279930

TD Business Convenience Plus

BU GLASS INC

Account # 4339279930

ACCOUNT SUMMARY

Beginning Balance	1,514.65	Average Collected Balance	624.61
Electronic Deposits	2,314.11	Interest Earned This Period	0.00
		Interest Paid Year-to-Date	0.00
Electronic Payments	3,179.56	Annual Percentage Yield Earned	0.00%
Service Charges	25.00	Days in Period	30
Ending Balance	624.20		

DAILY ACCOUNT ACTIVITY

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
09/08	ACH DEPOSIT, PAYPAL TRANSFER 1010286008035	452.23
09/11	ACH DEPOSIT, PAYPAL TRANSFER 1010320065434	352.89
09/11	CCD DEPOSIT, AMZNVJH8JUB1 MARKETPLAC 2QS4QWJHCCOG582	10.79
09/14	ACH DEPOSIT, PAYPAL TRANSFER 1010332326451	60.86
09/15	ACH DEPOSIT, PAYPAL TRANSFER 1010367602994	130.27
09/18	ACH DEPOSIT, PAYPAL TRANSFER 1010403164702	461.12
09/18	ACH DEPOSIT, PAYPAL TRANSFER 1010403187982	191.07
09/22	ACH DEPOSIT, PAYPAL TRANSFER 1010448930371	165.93
09/22	ACH DEPOSIT, PAYPAL TRANSFER 1010448938493	67.95
09/24	ACH DEPOSIT, PAYPAL TRANSFER 1010470485569	274.24
09/24	ACH DEPOSIT, PAYPAL TRANSFER 1010470471548	84.33
09/25	CCD DEPOSIT, AMZNHH4UQFRC MARKETPLAC 29D0UJENI3RI531	62.43
	Subtotal:	2,314.11

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
09/02	DEBIT CARD PURCHASE, AUT 090120 VISA DDA PUR INTUIT TURBOTAX 800 446 8848 * CA 4085404020420489	180.20
09/02	DEBIT CARD PURCHASE, AUT 090120 VISA DDA PUR MAILCHIMP MONTHLY MAILCHIMP COM * GA 4085404020420489	37.09
09/02	DEBIT CARD PAYMENT, AUT 083120 VISA DDA PUR FEDEX 329143365 MEMPHIS * TN 4085404020420489	35.84
09/03	DEBIT CARD PURCHASE, AUT 090220 VISA DDA PUR JENSEN BAGNATO PC 215 5464700 * PA 4085404020420489	1,000.00

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com



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STATEMENT OF ACCOUNT

EU GLASS INC

Page: 3 of 4
Statement Period: Sep 01 2020-Sep 30 2020
Cust Ref #: 9930-717-E-***
Primary Account #: 9930

DAILY ACCOUNT ACTIVITY

Electronic Payments (continued)

POSTING DATE	DESCRIPTION	AMOUNT
09/03	DEBIT CARD PAYMENT, AUT 083120 VISA DDA PUR FEDEX 525418713 MEMPHIS * TN 4085404020420489	157.61
09/04	DEBIT CARD PAYMENT, AUT 090220 VISA DDA PUR PAYFLOW PAYPAL JPACHECO EBAY * NE 4085404020420489	30.00
09/08	DEBIT POS, AUT 090820 DDA PURCHASE 7 ELEVEN SOUTHAMPTON * PA 4085404020420489	88.45
09/08	DEBIT CARD PAYMENT, AUT 090720 VISA DDA PUR NETFLIX COM NETFLIX COM * CA 4085404020420489	16.95
09/09	ELECTRONIC PMT-WEB, PAYPAL INST XFER ZOWTA LLC	106.00
09/09	DEBIT CARD PURCHASE, AUT 090820 VISA DDA PUR 15TH SANSOM PHILADELPHIA * PA 4085404020420489	30.00
09/09	DEBIT CARD PURCHASE, AUT 090720 VISA DDA PUR PHOENIX MOTOR PARTS 602 264 4791 * AZ 4085404020420489	9.26
09/11	DEBIT CARD PURCHASE, AUT 090920 VISA DDA PUR 001 DEBTORCC INC JERSEY CITY * NJ 4085404020420489	24.90
09/14	DEBIT POS, AUT 091420 DDA PURCHASE ACME 0778 SOUTHAMPTON * PA 4085404020420489	114.33
09/14	DEBIT POS, AUT 091420 DDA PURCHASE SPEEDWAY 06785 1008 2ND RICHBORO * PA 4085404020420489	88.43
09/15	DEBIT CARD PAYMENT, AUT 091420 VISA DDA PUR AMAZON PRIME M44VB5JB1 AMZN COM BILL * WA 4085404020420489	13.77
09/16	DEBIT CARD PURCHASE, AUT 091520 VISA DDA PUR CLUBWPT VIP CLUBWPT COM * CA 4085404020420489	74.95
09/16	DEBIT CARD PAYMENT, AUT 091420 VISA DDA PUR FEDEX 526820579 MEMPHIS * TN 4085404020420489	39.48
09/17	DEBIT CARD PURCHASE, AUT 091620 VISA DDA PUR BIGCOMMERCE 888 699 8911 * TX 4085404020420489	84.75
09/21	DEBIT POS, AUT 091920 DDA PURCHASE SPEEDWAY 06785 1008 2ND RICHBORO * PA 4085404020420489	88.43
09/21	DEBIT POS, AUT 092120 DDA PURCHASE ACME 0778 SOUTHAMPTON * PA 4085404020420489	8.48

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STATEMENT OF ACCOUNT

EU GLASS INC

Page: 4 of 4
Statement Period: Sep 01 2020-Sep 30 2020
Cust Ref #: 9930-717-E-***
Primary Account #: 9930

DAILY ACCOUNT ACTIVITY

Electronic Payments (continued)		AMOUNT
POSTING DATE	DESCRIPTION	
09/22	ACH DEBIT, ATT PAYMENT 698028013EPAYO	77.02
09/23	DEBIT CARD PURCHASE, AUT 092120 VISA DDA PUR FEDEX 95803538 800 4633339 * TN 4085404020420489	479.58
09/23	DEBIT CARD PAYMENT, AUT 092220 VISA DDA PUR STATE FARM INSURANCE 800 956 6310 * IL 4085404020420489	44.21
09/25	DEBIT CARD PURCHASE, AUT 092320 VISA DDA PUR FEDEX 95861686 800 4633339 * TN 4085404020420489	269.60
09/28	DEBIT POS, AUT 092820 DDA PURCHASE SPEEDWAY 06785 1008 2ND RICHBORO * PA 4085404020420489	31.25
09/28	DEBIT POS, AUT 092820 DDA PURCHASE ACME 0778 SOUTHAMPTON * PA 4085404020420489	26.98
09/28	DEBIT CARD PURCHASE, AUT 092520 VISA DDA PUR 15TH SANSOM PHILADELPHIA * PA 4085404020420489	22.00
Subtotal:		3,179.56

Service Charges

POSTING DATE	DESCRIPTION	AMOUNT
09/30	MAINTENANCE FEE	25.00
Subtotal:		25.00

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
08/31	1,514.65	09/17	389.68
09/02	1,261.52	09/18	1,041.87
09/03	103.91	09/21	944.96
09/04	73.91	09/22	1,101.82
09/08	420.74	09/23	578.03
09/09	275.48	09/24	936.60
09/11	614.26	09/25	729.43
09/14	472.36	09/28	649.20
09/15	588.86	09/30	624.20
09/16	474.43		

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

DECLARATIONS

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

Coverage afforded by this policy is provided by:

STATE FARM FIRE AND CASUALTY COMPANY
PO BOX 8000
BALLSTON SPA NY 12020

Policy Number

A Stock Company with Home Offices in
Bloomington, Illinois.

Named Insured and Mailing Address

URITSKY, EUGENE
29 BEVERLY HILLS RD
WARMINSTER, PA 18974-1400

The Policy Period begins and ends at 12:01 a.m. Standard Time at the residence premises.

02/16/2020 **Effective Date**
12months-Policy Period
02/16/2021 **Expiration of Policy Period**

Automatic Renewal - If the **Policy Period** is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Limit of Liability - Section 1
\$ 1,746,400 Dwelling (Coverage A)

Policy Type
Homeowners Policy
Dwell Repl Cost - Similar Construction
Increase Dwlg Up to \$349,280 - Option ID

Deductibles - Section 1 .5%/\$8732
ALL LOSSES In case of loss under this policy, the deductible will be applied per occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to your policy.

Location of Premises
29 BEVERLY HILLS RD
WARMINSTER, PA 18974-1400

Policy Premium \$6,246.00

Forms, Options, & Endorsements

HW-2138 HOMEOWNERS POL
LSP B1 LMT RPLC COST-B
OPT OL BLD ORD/LAW-10%

LSP A1 SMLR CONST-A
OPT ID COV A-INCR DWLG

Loss Payee
CONGWAY, GEORGE
OFFICE OF THE UNITED STATES
TRUSTEE
200 CHESTNUT ST STE 502
PHILADELPHIA, PA 19106-2912

Agent Name & Address
DEMAIO, NICHOLAS P
621 W MARKET STREET
PERKASIE, PA
18944 (215)258-0900

Loan Number:

Prepared: October 13, 2020

559-916.5

6378
Agent's Code
MORTGAGEE COPY

**PREMIUM NOTICE
STATE FARM INSURANCE COMPANIES
AGENT ISSUED DECLARATIONS**

POLICY NUMBER	BILLING PERIOD	AGENT CODE
[REDACTED]	FROM 02/16/2020 TO 02/16/2021	6378

LOCATION

29 BEVERLY HILLS RD
WARMINSTER, PA 18974-1400

INSURED

URITSKY, EUGENE
29 BEVERLY HILLS RD
WARMINSTER, PA 18974-1400

PREMIUM \$ 6,246.00

AMOUNT PAID \$ 6,246.00

AMOUNT DUE \$.00

DATE DUE

LOSS PAYEE

CONGWAY, GEORGE
OFFICE OF THE UNITED STATES
TRUSTEE
200 CHESTNUT ST STE 502
PHILADELPHIA, PA 19106-2912
Loan Number:

AGENT NAME & ADDRESS

DEMAIO, NICHOLAS P
621 W MARKET STREET
PERKASIE, PA
18944 (215) 258-0900

STATE FARM INSURANCE COMPANIES

PO Box 588002
North Metro, GA 30029-8002

In re Eugene Uritsky
Debtor

ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Accounts Receivable Reconciliation		Amount
Total Accounts Receivable at the beginning of the reporting period		
+ Amounts billed during the period		
- Amounts collected during the period		
Total Accounts Receivable at the end of the reporting period		
Accounts Receivable Aging		Amount
0 - 30 days old		
31 - 60 days old		
61 - 90 days old		
91+ days old		
Total Accounts Receivable		
Amount considered uncollectible (Bad Debt)		
Accounts Receivable (Net)		

DEBTOR QUESTIONNAIRE

Must be completed each month	Yes	No
1. Have any assets been sold or transferred outside the normal course of business this reporting period? If yes, provide an explanation below.		X
2. Have any funds been disbursed from any account other than a debtor in possession account this reporting period? If yes, provide an explanation below.	X	
3. Have all postpetition tax returns been timely filed? If no, provide an explanation below.	X	
4. Are workers compensation, general liability and other necessary insurance coverages in effect? If no, provide an explanation below.	X	
5. Has any bank account been opened during the reporting period? If yes, provide documentation identifying the opened account(s). If an investment account has been opened provide the required documentation pursuant to the Delaware Local Rule 4001-3.		X